

## MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039267

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 110

FILED OCT 16 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Mount Vernon</u>	
Length of stay in 1b <u>July 4/63</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Excelsior Spgs. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Ash Grove, Mo. RR 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Estella</u> Middle <u>Nicholass</u> Last <u>Cherry</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>4th</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/22/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXX</u>	
13a. FATHER'S NAME <u>Russell D. Nichollass</u>		13b. MOTHER'S MAIDEN NAME <u>Cicily Cornelia Ann Jones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Mrs. F. E. Pair,</u>		Address <u>1024 Magnolia West Ex. Spgs. MO.</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Vascular Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized Arteriosclerosis</u>	
		DUE TO (c) <u>Diabetes mellitus</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture Rt Hip &amp; Open Reduction &amp; Pinning</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:30 P.</u> Month, Day, Year <u>Sept 4, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Mo</u>	
20g. COUNTY <u>Clay</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>Jan. 1963</u> to <u>Sept 4, 1963</u> and last saw her alive on <u>Sept 4th, 1963</u> Death occurred at <u>about 9:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Samuel R. Allen, M.D.</u>		22b. ADDRESS <u>Excelsior Springs, Mo</u>	
22c. DATE SIGNED <u>9/14/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 7, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brick Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mt. Vernon., Lawrence Co. MO.</u>
24. FUNERAL DIRECTOR <u>Hope Funeral Home, Ex. Spgs. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-4-63</u>	
26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

*Permit issued 9/4/63*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas. Virgil Hoyle

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.